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PTO/SB/21(08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

20

Application Number

10/705,716

Filing Date

November 10, 2003

First Named Inventor

John Allen Robinson

Group Art Unit

1653

Examiner Name

A. Desai

Attorney Docket Number

AM100401 US

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request (1 month)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <ul style="list-style-type: none"> Amendment and Response to Final Office Action of June 17, 2005, Response to October 12, 2005 Advisory Action, and Request for Continued Examination Under 37 CFR 1.114 Request for Continued Examination Form Certificate of Mailing Receipt Card
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jeffrey Safran (Reg. No. 54,689)	
Signature		
Date	October 17, 2005	

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Cathleen M. Collins

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Application Number: 10/705,716
Filing Date: November 10, 2003
Applicant: John Allen Robinson
Title: A Novel PTH Responsive Gene
Attorney Docket: AM100401 US

- Transmittal Form
- Amendment and Response to Final Office Action of June 17, 2005, Response to October 12, 2005 Advisory Action, and Request for Continued Examination Under 37 CFR 1.114
- Fee Transmittal Form
- Request for Continued Examination Form
- One Month Extension of Time
- Receipt Card



FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

 Applicant Claims small entity status. See 37 CFR 1.27

Complete if Known

Application Number	10/705,716
Filing Date	November 10, 2003
First Named Inventor	John Allen Robinson
Examiner Name	A. Desai
Group / Art Unit	1653
TOTAL AMOUNT OF PAYMENT	(\$ 910.00)
Attorney Docket No.	AM100401 US

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None Deposit Account:

Deposit Account Number

501447

Deposit Account Name

Potter Anderson & Corroon LLP

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
101	1000	201	500
106	430	206	215
107	660	207	330
108	1400	208	700
114	200	214	100

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Total Claims	-20	= 0	Extra Claims	Fee from below	Fee Paid
Independent Claims	-3	= 0		X 200	
Multiple Dependent				X 360	

Large Entity Small Entity

Large Entity	Small Entity	Fee Description		
Fee Code	Fee (\$)	Fee Code		
103	50	203	25	Claims in excess of 20
102	200	202	100	Independent claims in excess of 3
104	360	204	180	Multiple dependent claim, if not paid
109	200	209	100	** Reissue independent claims over original patent
110	50	210	25	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

** or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	120	215	60	Extension for reply within first month	120.00
116	450	216	225	Extension for reply within second month	
117	1020	217	510	Extension for reply within third month	
118	1,590	218	795	Extension for reply within fourth month	
128	2,160	228	1,080	Extension for reply within fifth month	
119	500	219	250	Notice of Appeal	
120	500	220	250	Filing a brief in support of an appeal	
121	1000	221	500	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	500	240	250	Petition to revive - unavoidable	
141	1,500	241	750	Petition to revive - unintentional	
142	1,400	242	700	Utility issue fee (or reissue)	
143	800	243	400	Design issue fee	
144	100	244	550	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	790	246	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	790	249	395	For each additional invention to be examined (37 CFR § 1.129(b))	
179	790	279	395	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	790.00
Other fee (specify) _____					

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$910.00)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Jeffrey Safran	Registration No. Attorney/Agent)	54,689	Telephone	(302) 984-6132
Signature				Date	October 17, 2005

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